

FILED JAN 28 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 3323

Registrar's No. 190

|   |                           |   |  |  |  |  |  |
|---|---------------------------|---|--|--|--|--|--|
| BIRTH NO. _____   |                           | REG. DIST. NO. 317  |  | PRIMARY REG. DIST. NO. 2002  |  | Registrar's No. 190  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS COUNTY</b>  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS COUNTY</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>   |                           | c. LENGTH OF STAY (in this place) <b>YEARS</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University</b>   |  | 434  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME - 7210 COLGATE</b>  |                           |   |  | d. STREET ADDRESS (If rural, give location) <b>7210 Colgate</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>BERNARD</b>  |                           | b. (Middle)   |  | c. (Last) <b>STOROZUM</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 21 1950</b>                        |  |
| 5. SEX <b>MO</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>Unknown</b>  |  | 9. AGE (In years last birthday) <b>abt 70</b>                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE MAKER</b>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>REPAIR SHOES</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>  |  | 12. CITIZEN OF WHAT COUNTRY <b>US</b>  |  |
| 13a. FATHER'S NAME <b>AARIA STOROZUM</b>  |                           | 13b. MOTHER'S MAIDEN NAME <b>Chai Frodel Chulovsky</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>SARAH STOROZUM</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>   |                           | 16. SOCIAL SECURITY NO. <b>NONE</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Storozum 5623 Theodora</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic carcinoma with general carcinomatosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 months</b><br><br><b>16.2X</b>          |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Aug 2</b> , 19 <b>49</b> , to <b>Jan 21</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Jan 21</b> , 19 <b>50</b> , and that death occurred at <b>11 P.</b> m., from the causes and on the date stated above. |                           |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>Alfred Feldman M.D.</b>   |                           |   |  | 23b. ADDRESS <b>634 N. 6th</b>   |  | 23c. DATE SIGNED <b>1/21/50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |                           | 24b. DATE <b>1-23-50</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Chevrach RADISHA</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>University City MO</b>          |  |
| DATE REC'D BY LOCAL <b>JAN 23 1950</b>  |                           | REGISTRAR'S SIGNATURE <b>Herbert W. Womble M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Odenhandler</b>  |  | ADDRESS <b>5010 Enright</b>  |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W. Z. Penhandler*

Licensed Embalmer No. 3669

P. O. Address 5018 Emory

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.